2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048813

Entity Name: BAY AREA EXECUTIVE SEARCH, INC.

FILED Jul 11, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7541 CITRUS BLOSSOM DR. 7358 TAWNY OWL CT LAND O LAKES, FL 34639 LAND O LAKES, FL 34637

Current Mailing Address: New Mailing Address:

7358 TAWNY OWL CT 7541 CITRUS BLOSSOM DR. LAND O LAKES, FL 34639 LAND O LAKES, FL 34637

FEI Number: 43-2010071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KREN, CAROL KREN, CAROL 7541 CITRUS BLOSSOM DRIVE 7358 TAWNY OWL CT LAND O LAKES, FL 34637 US LAND O LAKES, FL 34639

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 07/11/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete KREN, DAVID E KREN, CAROL A Name: Name: 7541 CITRUS BLOSSOM DRIVE Address: 7358 TAWNY OWL CT Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LAND O LAKES, FL 34637

() Delete Title: Title: (X) Change () Addition

KREN, CAROL A Name: Name: KREN. DAVID E 7541 CITRUS BLOSSOM DRIVE Address: 7358 TAWNY OWL CT Address: LAND O' LAKES, FL 34637 LAND O' LAKES, FL 34639 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: CAROL A KREN 07/11/2006